BEST AVAILABLE COPY

Application or Docket Number

		ORE	09/869515											
1	CLAIMS AS FILED - PART I							SMALL	ENTITY					
4	TOTAL CLAIM	AC	(Colu	(Column 1)		(Column 2)		TYPE			OR		ER THAI L ENTIT	
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	* If the difference in column 1 is less th						,	+135=		c)R	+270=		
·	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		\neg	SR-	TOTAL	1270	7
1	10-1-02	CLAIMS AS	AMENDE	MENDED - PART		ΓH			·				R THAN	
11	CLAIMS Lawrence (Column					(Column 3)	i	SMAL	ENTIT	Y 0	R_		ENTITY	
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	the entry in column the "Highest Num		TOTAL		OR		TOTAL							
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
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